

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010879

FILED  
May 01, 2006  
Secretary of State

**Entity Name:** FOUNDATION FOR CHILD ADVOCATES OF PALM BEACH COUNTY, INC.

**Current Principal Place of Business:**

PO BOX 3254  
W PALM BCH, FL 334023254

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3254  
W PALM BCH, FL 334023254

**New Mailing Address:**

**FEI Number:** 61-1465196      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MILLIGAN, ALPHONSO S. ESQUIRE  
2580 METROCENTRE BLVD STE 6  
W PALM BCH, FL 33407 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HARDY, DIANE BRENNER  
Address: 2000 PGA BLVD STE 3110  
City-St-Zip: PALM BCH GARDENS, FL 33408

Title: D ( ) Delete  
Name: TRAUB, JUDY  
Address: 4860 EXETER ESTATES LN  
City-St-Zip: LAKE WORTH, FL 33467

Title: D ( ) Delete  
Name: MILLIGAN, ALPHONSO S  
Address: PO BOX 3254  
City-St-Zip: W PALM BCH, FL 334023254

Title: D ( ) Delete  
Name: PALACINO-CHONG, JOANN  
Address: 9955 WEST GLADES ROAD  
City-St-Zip: BOCA RATON, FL 33434

Title: D ( ) Delete  
Name: ROMOSER, BARRY  
Address: 205 NORTH DIXIE HWY, RM 5, 1130  
City-St-Zip: WEST PALM BEACH, FL 33401

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALPHONSO S. MILLIGAN

TREA

05/01/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date